

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO HY335302

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION			INCIDENT INFORMATION		
NAME (LAST - FIRST - M.I.) ROBERTS, JOHN E			1 INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR		
STAR NO. 2196		POSITION SERGEANT OF POLICE	ADDRESS OF OCCURRENCE 10639 S COTTAGE GROVE AVE		
DATE OF APPOINTMENT 26-MAR-1990		EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago)		
UNIT OF ASSIGNMENT 193		BEAT/CALL NO. 6565	LOCATION CODE 304-STREET BEAT OF OCCURRENCE 0512		
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 10-JUL-2015 TIME 16:03:00 DAY OF WEEK FRIDAY		
HEIGHT 6'00		WEIGHT 170	NO. OF OFFICERS BATTERED 8		
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>7</u>					
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			MANNER OF ATTACK		
<input checked="" type="checkbox"/> 1 ON DUTY A. UNIFORM, PATROL DUTY B. UNIFORM, OTHER DUTY Describe _____		WORKING <input checked="" type="checkbox"/> A. ALONE B. WITH ONE PARTNER C. WITH MULTIPLE PARTNERS How many? _____	01 SHOT 02. SHOT AT 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)		
<input checked="" type="checkbox"/> C CITIZEN'S DRESS D. TACTICAL E. B.I.S. UNIT F. SPECIAL EMPLOYMENT G. OTHER _____		PATROL TYPE: A. SQUAD CAR B. FOOT C. BICYCLE D. APV/MOTORCYCLE E. SQUADROL <input checked="" type="checkbox"/> F OTHER <u>INVESTIGATIVE</u>	TYPE OF WEAPON/THREAT (Check all that apply): <input checked="" type="checkbox"/> A FIREARM CALIBER 45 ACP D. HANDS/FISTS E. FEET 1. REVOLVER F. MOUTH (SPIT, BITE, ETC.) <input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC G. VERBAL THREAT (ASSAULT) 3. RIFLE 4. SHOTGUN H. OTHER (SPECIFY) _____		
TYPE OF ACTIVITY			TYPE OF WEAPON/THREAT		
<input checked="" type="checkbox"/> A AMBUSH -NO WARNING <input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT C INVESTIGATING SUSPICIOUS PERSON D DISTURBANCE - DOMESTIC E. DISTURBANCE - MENTAL PATIENT F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER G DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN		I PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____	1 OFFICER STRUCK WITH VEHICLE 2 ATTEMPTED TO STRIKE OFFICER WITH VEHICLE C KNIFE/OTHER CUTTING INSTRUMENT I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply) <input checked="" type="checkbox"/> A OFFICER AT GUNPOINT B. OFFICER'S OWN WEAPON OBTAINED C ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON		
TYPE OF INJURY TO OFFICER			OFFENDER INFORMATION		
A. FATAL B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? 1. YES 2. NO <input checked="" type="checkbox"/> 3 UNKNOWN	GANG RELATED? 1 YES 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN		
LIGHTING CONDITIONS AT INCIDENT			WEATHER CONDITIONS		
<input checked="" type="checkbox"/> A. DAYLIGHT B. NIGHT C. DAWN		D. DUSK E. ARTIFICIAL LIGHT 1. POOR 2. GOOD	A. CLEAR B. RAIN C. SNOW D. FOG / SMOKE / HAZE E. SLEET / HAIL F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE <u>72 °F</u>		

R/O & ASSISTING OFFICERS WERE IN FEAR OF RECEIVING GREAT BODILY HARM & DEATH WHEN THE OFFENDER MCSWAIN, WHILE ARMED WITH A COLT, .45 CALIBER SEMI-AUTOMATIC PISTOL PRESENTED A THREAT TO R/O'S & ASSISTING OFFICERS.

REPORTING MEMBER - SIGNATURE
ROBERTS, JOHN E

STAR NO.
2196

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
WALLER, FRED L 464